Case 11-16420 Doc 15 Filed 04/12/11 Page 1 of 8

B22C (Official Form 22C) (Chapter 13) (12/10)	According to the calculations required by this statement:	
	☑ The applicable commitment period is 3 years.	
In re Simone M Nouri	The applicable commitment period is 5 years.	
Debtor(s)	☐ Disposable income is determined under § 1325(b)(3)	
Case Number: 11-16420	✓ Disposable income is not determined under § 1325(b)(3)	
(If known)	(Check the boxes as directed in Lines 17 and 23 of this statement.)	

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF	INCOME			
1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. □ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. ☑ Married. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 2-10.				
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.			Column B Spouse's Income	
2	Gross wages, salary, tips, bonuses, overtime, commission	S.	\$0.00	\$0.00	
3	Income from the operation of a business, profession or farm. Subtract Line b from				
	a. Gross Receipts	\$ 0.00			
	b. Ordinary and necessary business expenses c. Business income	\$ 0.00 Subtract Line b from Line a	\$0.00	\$0.00	
4	Rent and other real property income. Subtract Line b from Li in the appropriate column(s) of Line 4. Do not enter a number include any part of the operating expenses entered on Line a. Gross Receipts b. Ordinary and necessary operating expenses c. Rent and other real property income	less than zero. Do not	\$0.00	\$0.00	
5	Interest, dividends, and royalties.		\$0.00	\$0.00	
6	Pension and retirement income.		\$0.00	\$0.00	
7	Any amounts paid by another person or entity, on a regular expenses of the debtor or the debtor's dependents, including that purpose. Do not include alimony or separate maintenance by the debtor's spouse. Each regular payment should be reported payment is listed in Column A, do not report that payment in Column A.	ng child support paid for payments or amounts paid and in only one column; if a	\$0.00	\$0.00	

8	Unemployment compensation. Enter the am However, if you contend that unemployment cowas a benefit under the Social Security Act, do Column A or B, but instead state the amount in Unemployment compensation claimed to	compensation received be not list the amount of in the space below:	by you or your spouse such compensation in			
	be a benefit under the Social Security Act	Debtor \$	Spouse \$	\$	\$	
9	Income from all other sources. Specify sources on a separate page. Total and enter of maintenance payments paid by your spous or separate maintenance. Do not include a Act or payments received as a victim of a war of international or domestic terrorism.					
	a.	\$		\$0.00	\$0.00	
10	Subtotal. Add Lines 2 thru 9 in Column A, and in Column B. Enter the total(s).	d, if Column B is compl	eted, add Lines 2 thru 9	\$0.00	\$0.00	
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.				\$ 0.00	
	Part II. CALCULATION	N OF § 1325(b)(4) C	OMMITMENT PERIO	D		
12	Enter the amount from Line 11.				\$ 0.00	
13	Enter the amount from Line 11. Marital adjustment. If you are married, but a calculation of the commitment period under § spouse, enter on Line 13 the amount of the incregular basis for the household expenses of you basis for excluding this income (such as paym persons other than the debtor or the debtor's of purpose. If necessary, list additional adjustment adjustment do not apply, enter zero.	1325(b)(4) does not recome listed in Line 10, (ou or your dependents anent of the spouse's tax dependents) and the am	quire inclusion of the inco Column B that was NOT p and specify, in the lines be liability or the spouse's s nount of income devoted t	me of your paid on a elow, the upport of o each	\$ 0.00	
	Marital adjustment. If you are married, but a calculation of the commitment period under § spouse, enter on Line 13 the amount of the incregular basis for the household expenses of you basis for excluding this income (such as paym persons other than the debtor or the debtor's of purpose. If necessary, list additional adjustments	1325(b)(4) does not recome listed in Line 10, (ou or your dependents anent of the spouse's tax dependents) and the am	quire inclusion of the inco Column B that was NOT p and specify, in the lines be liability or the spouse's s nount of income devoted t	me of your paid on a elow, the upport of o each	\$ 0.00 \$0.00	

B22C (Official Form 22C) (Chapter 13) (12/10)

14	Subtract Line 13 from Line 12 and enter the result.	\$ 0.00
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$ 0.00
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: MD b. Enter debtor's household size: 3	\$ 85,746.00
	Application of § 1325(b)(4). Check the applicable box and proceed as directed. ☑ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable community or the applic	mitment period
17	is 3 years" at the top of page 1 of this statement and continue with this statement.	піппені репос
	☐ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable coperiod is 5 years" at the top of page 1 of this statement and continue with this statement.	mmitment
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME	
18	Enter the amount from Line 11.	\$ 0.00
19	Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.	
	a. \$	\$ 0.00
	Total and enter on Line 19.	
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$ 0.00
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$ 0.00
22	Applicable median family income. Enter the amount from Line 16	\$ 85,746.00
	Application of § 1325(b)(3). Check the applicable box and proceed as directed.	
23	☐ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.	ermined under §
	☑ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV	
	Part IV. CALCULATION OF DEDUCTIONS FROM INCOME	
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)	
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$

24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Outof- Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Outof- Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.						
		ons under 65 years of age	240.	Perso	ns 65 years of age or old	er	
	а1. д	Allowance per person		a2. A	Allowance per person		
	b1. N	lumber of persons		~	Number of persons		
	c1. S	Subtotal		c2.	Subtotal		\$
25A	and Uti is avail consist	Standards: housing and ut ilities Standards; non-mortga lable at www.usdoj.gov/ust/c of the number that would conumber of any additional d	age expenses for the or from the clerk of currently be allowed	ne appli the ba d as ex	cable county and family size nkruptcy court). The applic emptions on your federal ir	re. (This information able family size	\$
25B	the IRS informa family s tax retu total of	Standards: housing and utile Housing and Utilities Stand ation is available at www.usd size consists of the number turn, plus the number of any at the Average Monthly Payment from Line a and enter the reserved.	lards; mortgage/rer loj.gov/ust/or from that would currently additional depender ents for any debts s	nt expe the cle be all nts who secured	nse for your county and far erk of the bankruptcy court) owed as exemptions on yo om you support); enter on l I by your home, as stated i	nily size (this (the applicable ur federal income ine b the n Line 47; subtract	
	a.	IRS Housing and Utilities Stand			\$		
	b.	Average Monthly Payment for ar any, as stated in Line 47.	ny debts secured by he	ome, if	\$		
	C.	Net mortgage/rental expense			Subtract Line b from Line a		\$
26	and 25	Standards: housing and uting B does not accurately composition Standards, enter any addition of the space below.	oute the allowance onal amount to wh	to which	ch you are entitled under t	he IRS Housing and	\$
27A	an expe and reg Check the are included in the If you contrained Transport Local Solutions Statistics the ban	Standards: transportation; ense allowance in this category gardless of whether you use put the number of vehicles for whoused as a contribution to you hecked 0, enter on Line 27A portation. If you checked 1 or a standards: Transportation for cal Area or Census Region. (kruptcy court.)	ory regardless of whoublic transportation hich you pay the oper the "Public Transp 2 or more, enter or the applicable nun These amounts are	hether on. perating ses in portation Line 2 nber of e availa	g expenses or for which the Line 7. 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	operating a vehicle operating expenses 2 or more. Standards: amount from IRS Metropolitan or from the clerk of	\$
27B	expense addition amount	Standards: transportation; all sessions a vehicle and also use hal deduction for your public from IRS Local Standards: all the bankruptcy court.)	public transportation experience	ion, and enses,	d you contend that you are enter on Line 27B the "Pub	entitled to an lic Transportation"	\$
							

	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the numer which you claim an ownership/lease expense. (You may not claim an ownership/lease than two vehicles.) 1 2 or more.	expense for more	
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtr Line a and enter the result in Line 28. Do not enter an amount less than zero.	the total of the	
	a. IRS Transportation Standards, Ownership Costs \$		
	b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47.		
	c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a		\$
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this L the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standard (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line I Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subt Line a and enter the result in Line 29. Do not enter an amount less than zero.	s: Transportation the total of the	
	a. IRS Transportation Standards, Ownership Costs \$		
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47		
	c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a		\$
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you a federal, state and local taxes, other than real estate and sales taxes, such as income taxe taxes. social security taxes. and Medicare taxes. Do not include real estate or sales tax	s, self employment es.	\$
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total payroll deductions that are required for your employment, such as retirement contribution uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contribution.	s, union dues, and butions.	\$
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that pay for term life insurance for yourself. Do not include premiums for insurance on you whole life or for any other form of insurance.		\$
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount required to pay pursuant to the order of a court or administrative agency, such as spousal payments. Do not include payments on past due obligations included in Line 49.		\$
34	Other Necessary Expenses: education for employment or for a physically or me child. Enter the total average monthly amount that you actually expend for education that employment and for education that is required for a physically or mentally challenged dep whom no public education providing similar services is available.	is a condition of	\$
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.		
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.		
37	Other Necessary Expenses: telecommunication services. Enter the total average mor you actually pay for telecommunication services other than your basic home telephone an service— such as pagers, call waiting, caller id, special long distance, or internet service—necessary for your health and welfare or that of your dependents. Do not include any am deducted.	d cell phone -to the extent	\$
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.		\$
	Subpart B: Additional Living Expense Deductions		·
	Cuspair D. Additional Living Expense Deductions		

		Note	: Do not include any expense	es that you have liste	ed in Lines 24-37	
			lity Insurance, and Health S			
	expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.					
	a.	Health Insurance		\$		
39	b.	Disability Insurar		\$		
	C.	Health Savings A		\$		
		i roami carmigor		ļ '		
	T ()					\$
		nd enter on Line 39				
		do not actually ex ace below:	pend this total amount, state	e your actual total ave	rage monthly expenditures in	
	-	ace below.				
			to the care of household or			
40			u will continue to pay for the re lisabled member of your house			\$
			penses. Do not include paym			
			y violence. Enter the total ave			
41			aintain the safety of your fami			\$
					equired to be kept confidential	
	by the					
			er the total average monthly a			
42			ing and Utilities, that you actuate with documentation of you			\$
			int claimed is reasonable an		and you must demonstrate	
			dependent children under 1		age monthly expenses that	
			exceed \$147.92* per child, for			
43			dependent children less than			
10					ain why the amount claimed	\$
			sarv and not already accour			
			hing expense. Enter the total the combined allowances for the			
44			exceed 5% of those combine			
	www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional					Φ.
	amour	nt claimed is reaso	onable and necessary.			\$
4=	Charit	able contributions	s. Enter the amount reasona	ably necessary for yo	ou to expend each month on	
45	charita	ble contributions in	the form of cash or financial i	nstruments to a charit	able organization as defined in	\$
	26 U.S	s.C. § 170(c)(1)-(2).	Do not include any amount	in excess of 15% of	your gross monthly income.	Ť
46	Total A	Additional Expens	e Deductions under § 707(b)	. Enter the total of Lin	es 39 through 45.	\$
			Subpart C: Deduct	ions for Debt Paym	ent	
	Futura	navments on sec	rured claims. For each of you	r dehts that is secured	I by an interest in property that	
			the creditor, identify the prope			
	Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the					
					n the 60 months following the	
47			se, divided by 60. If necessary	, list additional entries	s on a separate page. Enter	
	the total of the Average Monthly Payments on Line 47. Name of Property Securing the Debt Average Does payment					
		Creditor	Property Securing the Debt	Monthly	Does payment include taxes	
				Payment	or insurance?	
	a.			\$	☑ yes ☐ no	
					Total: Add Lines a h and c	\$

48	Other payments on secured claims. If any of debts listed in Line 47 are residence, a motor vehicle, or other property necessary for your support of your may include in your deduction 1/60th of any amount (the "cure amount addition to the payments listed in Line 47, in order to maintain possess amount would include any sums in default that must be paid in order to a List and total any such amounts in the following chart. If necessary, list a page. Name of Creditor Property Securing the Debt	or the support of your dependents, nt") that you must pay the creditor ion of the property. The cure evoid repossession or foreclosure. dditional entries on a separate 1/60th of the Cure Amount	\$	
	Payments on prepetition priority claims. Enter the total amount, divide	Total: Add Lines a, b and c	Ψ	
49				
	Chapter 13 administrative expenses. Multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.			
	a. Projected average monthly Chapter 13 plan payment.	\$		
50	 Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy 			
	court.)	х		
	c. Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$	
51	Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.		\$	
	Subpart D: Total Deductions from	Income		
52	Total of all deductions from income. Enter the total of Lines 38, 46, ar	nd 51.	\$	
	Part V. DETERMINATION OF DISPOSABLE INCO	OME UNDER § 1325(b)(2)		
53	Part V. DETERMINATION OF DISPOSABLE INCO Total current monthly income. Enter the amount from Line 20.	OME UNDER § 1325(b)(2)	\$	
53 54		ayments, foster care payments, or eived in accordance with applicable	\$	
	Total current monthly income. Enter the amount from Line 20. Support income. Enter the monthly average of any child support padisability payments for a dependent child, reported in Part I, that you rec	ayments, foster care payments, or eived in accordance with applicable or such child. mounts withheld by your employer		
54	Total current monthly income. Enter the amount from Line 20. Support income. Enter the monthly average of any child support particle disability payments for a dependent child, reported in Part I, that you recononbankruptcy law, to the extent reasonably necessary to be expended for Qualified retirement deductions. Enter the monthly total of (a) all all from wages as contributions for qualified retirement plans, as specified	ayments, foster care payments, or eived in accordance with applicable or such child. mounts withheld by your employer in § 541(b)(7) and (b) all required		
54 55	Total current monthly income. Enter the amount from Line 20. Support income. Enter the monthly average of any child support particle disability payments for a dependent child, reported in Part I, that you reconneash ruptcy law, to the extent reasonably necessary to be expended for Qualified retirement deductions. Enter the monthly total of (a) all and from wages as contributions for qualified retirement plans, as specified repayments of loans from retirement plans, as specified in § 362(b)(19).	ayments, foster care payments, or eived in accordance with applicable or such child. mounts withheld by your employer in § 541(b)(7) and (b) all required om Line 52. ces that justify additional expenses stances and the resulting expenses e. Total the expenses and enter the cation of these expenses and you	\$	
54 55 56	Total current monthly income. Enter the amount from Line 20. Support income. Enter the monthly average of any child support part disability payments for a dependent child, reported in Part I, that you reconnobankruptcy law, to the extent reasonably necessary to be expended for Qualified retirement deductions. Enter the monthly total of (a) all all from wages as contributions for qualified retirement plans, as specified repayments of loans from retirement plans, as specified in § 362(b)(19). Total of all deductions allowed under § 707(b)(2). Enter the amount for which there is no reasonable alternative, describe the special circum in lines a-c below. If necessary, list additional entries on a separate page total in Line 57. You must provide your case trustee with document must provide a detailed explanation of the special circumstant	ayments, foster care payments, or eived in accordance with applicable or such child. mounts withheld by your employer in § 541(b)(7) and (b) all required om Line 52. ces that justify additional expenses stances and the resulting expenses e. Total the expenses and enter the cation of these expenses and you	\$	
54 55 56	Total current monthly income. Enter the amount from Line 20. Support income. Enter the monthly average of any child support particle disability payments for a dependent child, reported in Part I, that you reconnobankruptcy law, to the extent reasonably necessary to be expended for Qualified retirement deductions. Enter the monthly total of (a) all as from wages as contributions for qualified retirement plans, as specified repayments of loans from retirement plans, as specified in § 362(b)(19). Total of all deductions allowed under § 707(b)(2). Enter the amount for Deduction for special circumstances. If there are special circumstant for which there is no reasonable alternative, describe the special circum in lines a-c below. If necessary, list additional entries on a separate page total in Line 57. You must provide your case trustee with document must provide a detailed explanation of the special circumstances and reasonable. Nature of special circumstances	ayments, foster care payments, or eived in accordance with applicable or such child. mounts withheld by your employer in § 541(b)(7) and (b) all required om Line 52. ces that justify additional expenses stances and the resulting expenses e. Total the expenses and enter the ration of these expenses and younces that make such expenses	\$	
54 55 56	Total current monthly income. Enter the amount from Line 20. Support income. Enter the monthly average of any child support particle disability payments for a dependent child, reported in Part I, that you reconnobankruptcy law, to the extent reasonably necessary to be expended for Qualified retirement deductions. Enter the monthly total of (a) all as from wages as contributions for qualified retirement plans, as specified repayments of loans from retirement plans, as specified in § 362(b)(19). Total of all deductions allowed under § 707(b)(2). Enter the amount for Deduction for special circumstances. If there are special circumstant for which there is no reasonable alternative, describe the special circum in lines a-c below. If necessary, list additional entries on a separate page total in Line 57. You must provide your case trustee with document must provide a detailed explanation of the special circumstances and reasonable. Nature of special circumstances	ayments, foster care payments, or eived in accordance with applicable or such child. mounts withheld by your employer in § 541(b)(7) and (b) all required om Line 52. ces that justify additional expenses stances and the resulting expenses e. Total the expenses and enter the cation of these expenses and you nices that make such expenses Amount of expense	\$	
54 55 56	Total current monthly income. Enter the amount from Line 20. Support income. Enter the monthly average of any child support particle disability payments for a dependent child, reported in Part I, that you reconnobankruptcy law, to the extent reasonably necessary to be expended for Qualified retirement deductions. Enter the monthly total of (a) all as from wages as contributions for qualified retirement plans, as specified repayments of loans from retirement plans, as specified in § 362(b)(19). Total of all deductions allowed under § 707(b)(2). Enter the amount for Deduction for special circumstances. If there are special circumstant for which there is no reasonable alternative, describe the special circum in lines a-c below. If necessary, list additional entries on a separate page total in Line 57. You must provide your case trustee with document must provide a detailed explanation of the special circumstances and reasonable. Nature of special circumstances	ayments, foster care payments, or eived in accordance with applicable or such child. mounts withheld by your employer in § 541(b)(7) and (b) all required om Line 52. ces that justify additional expenses stances and the resulting expenses e. Total the expenses and enter the lation of these expenses and you have that make such expenses Amount of expense \$ Total: Add Lines a, b, and c	\$	

59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.					
	Part VI. ADDITIONAL EXPENSE CLAIMS					
60	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. Expense Description Monthly Amount					
	Total: Add Lines a, b, and c \$					
	Part VII: VERIFICATION					
61	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case both debtors must sign.) Date: 4/12/2011 Signature: s/ Simone M Nouri Simone M Nouri, (Debtor)	е,				